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Application Number	10/681,076
Filing Date	
First Named Inventor	Resnic, Daniel
Title	UNIVERSAL UNISEX SAFETY CONDOM
Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

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☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	Daniel Resnic		
Name	Daniel Resnic	Date	12/16/05
Title and Company	STRATA VARIOUS, OWNER	Telephone	760 864-4156

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☑ *Total of 1 forms are submitted.

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